

# First 5 San Diego's Healthy Development Services (HDS)

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# Objectives



# Imagine...



# Table Discussion

- Is this type of case common in your community?
- What are your immediate concerns about this situation?
- What additional information would you ask mom?



# Table Discussion

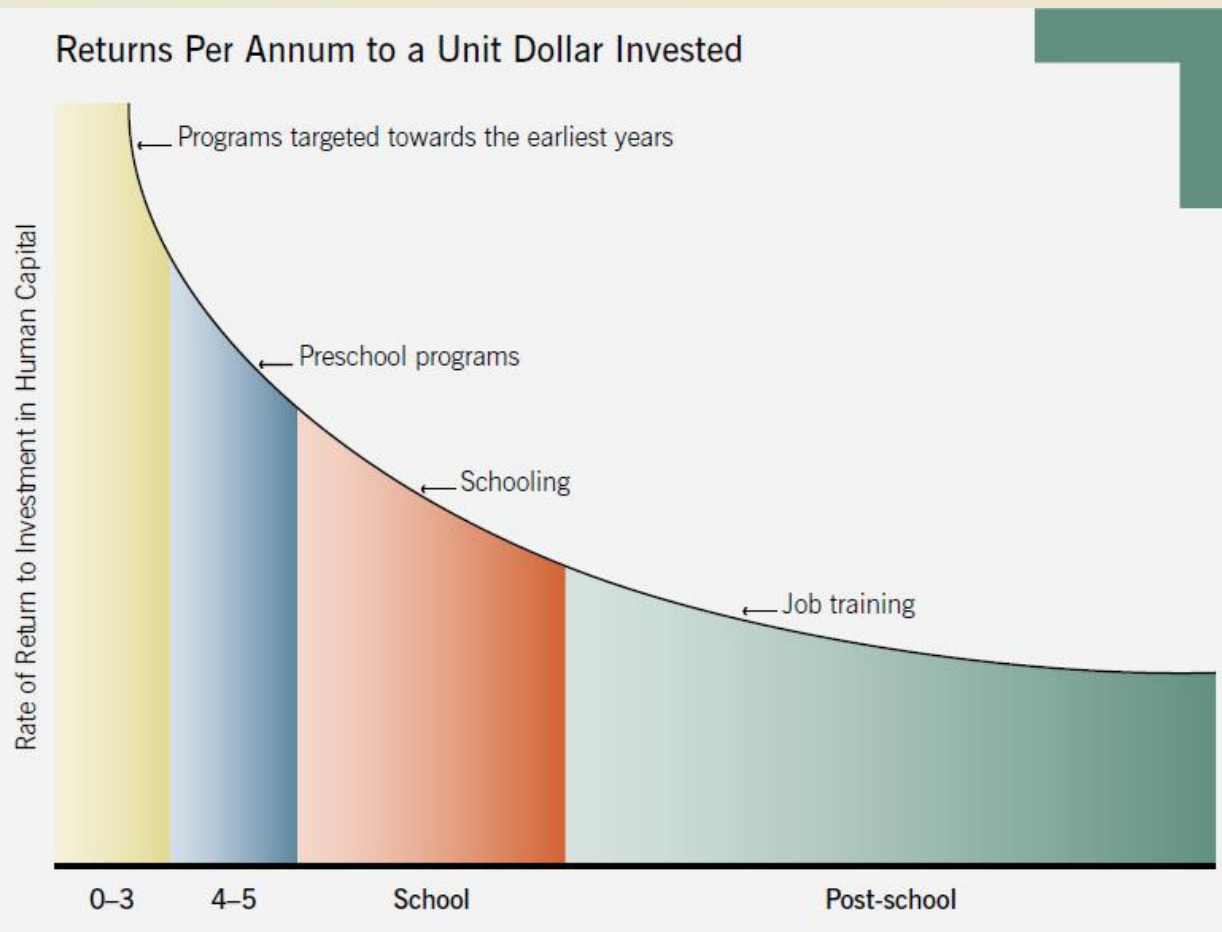
- What types of services would help this child and her family?
- Do you have these types of resources in your community?
- Who is underserved in your community?



# Unaddressed Developmental Needs Are a Significant Problem

- Many children and their families are in need of help
  - 1 in 6 children (almost 17%) have developmental delays, learning disorders, and/or behavioral problems (CDC, 2008)
- Resources are limited
  - Only 2-3% qualify for government mandated programs
  - Gap = 12-14%
- Our ability to identify them is poor
  - Less than 50% are identified before entering school

# The Heckman Equation





# The Case for Early Treatment

Early treatment =

- ↑ graduate from high school
- ↑ hold jobs
- ↑ live independently
- ↓ teen pregnancy
- ↓ delinquency
- ↓ violent crime



\$30,000 to \$100,000 savings per child

# San Diego Community Background



# First 5 San Diego

- Created in 1998 by passage of CA Prop 10 (Funded by special tobacco tax)
- Focus on children prenatal to age five, when 90% of the brain develops
- \$48.6 M in active programs FY 2012-2013





# Community Input Process for HDS

- Utilized the following sources
  - Commission's Strategic Plan 2004-2009 and planning studies on child and behavioral health
  - Policy briefs and reports
  - Local experts key informant interviews
- Recommended creating a comprehensive developmental/behavioral system of care for children 0-5 with **mild to moderate needs**

# Table Discussion

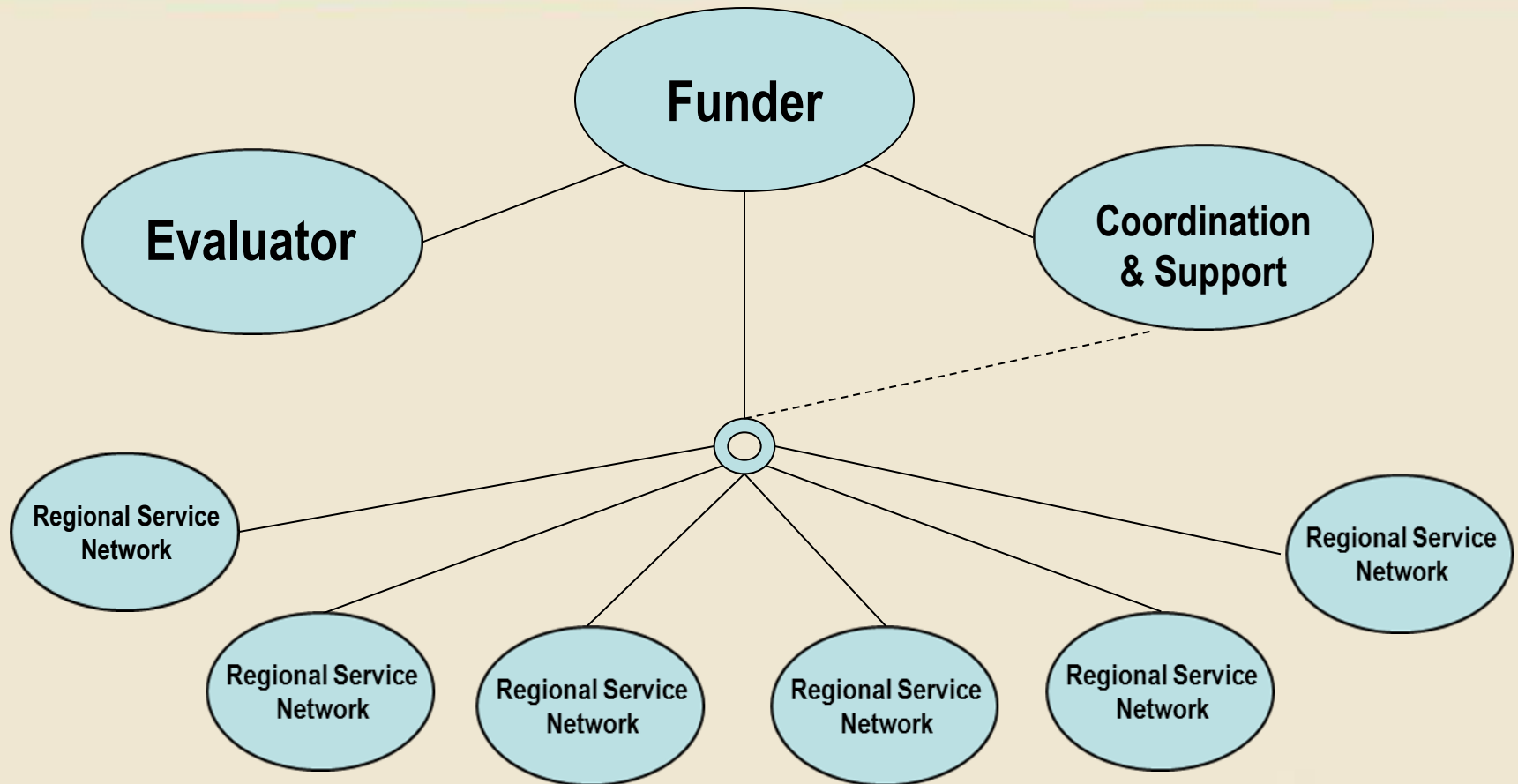
- Is there a need for tailored services for children with mild to moderate development and behavioral concerns in your community?
- How would you prioritize a model for a comprehensive developmental/behavioral system of care?
  - Is this feasible in your community?

# HDS Beginnings

- Phase I - January 2006 - Launched HDS
  - \$46.6 million over 4 ½ years
  - Countywide Coordinator role
  - 6 Regional Service Network Leads (RSNs)
  - At least 50% of services provided by sub-contractors
  - Working with the existing service providers
- Program development and implementation occurred simultaneously



# HDS Structure and Roles



# HDS Services – Phase I



COMMUNITY  
CLINIC



HOSPITAL



CHILDREN'S HOSPITAL



COMMUNITY-BASED  
ORGANIZATION

# Phase I Lessons Learned

- Programmatic Challenges
  - Started Coordinator and Regional Leads at the same time
  - Service Providing Organization applied with little or no experience with sub-contracting
  - Targeted Zip Codes
    - Too complicated and confusing
    - Middle income families not eligible elsewhere



# Phase I Lessons Learned

- Programmatic Successes
  - Countywide Coordination
    - Frequent meetings Executive/Operations, Development, Behavior, Home Visiting, Care Coordination, and Parent Education Workgroups
    - One on one meetings
  - Included diverse partners and built trusting relationships
  - Connecting with existing service providers
  - Countywide implementation of standardize Screening Tool

# Phase I Lessons Learned

- Evaluation Challenges
  - Trying to evaluate an evolving system
  - Developing trust and removing defensiveness
  - Varying tools and measures across regions/providers

# Phase I Lessons Learned

- Evaluation Successes
  - Evaluation meetings with regional evaluators, leads and funder
  - Implementation of a secure database
  - Identification of standardized assessment tools



# Remember our 2:15 Appointment



# HDS Continues and Improves

- Phase II - July 2010 - Continued investment in HDS
  - \$65 million over 5 years
- Built on lessons learned
  - Re-design Committee provided input
  - Implemented formal structure of Developmental Services
  - Expanded Behavioral Services, enhanced Parent Education, and enhanced Care Coordination

# HDS Continues and Improves

- Data driven approaches
  - Piloting of tools
  - Programmatic changes based on data and outcomes
  - Developmental gains committee

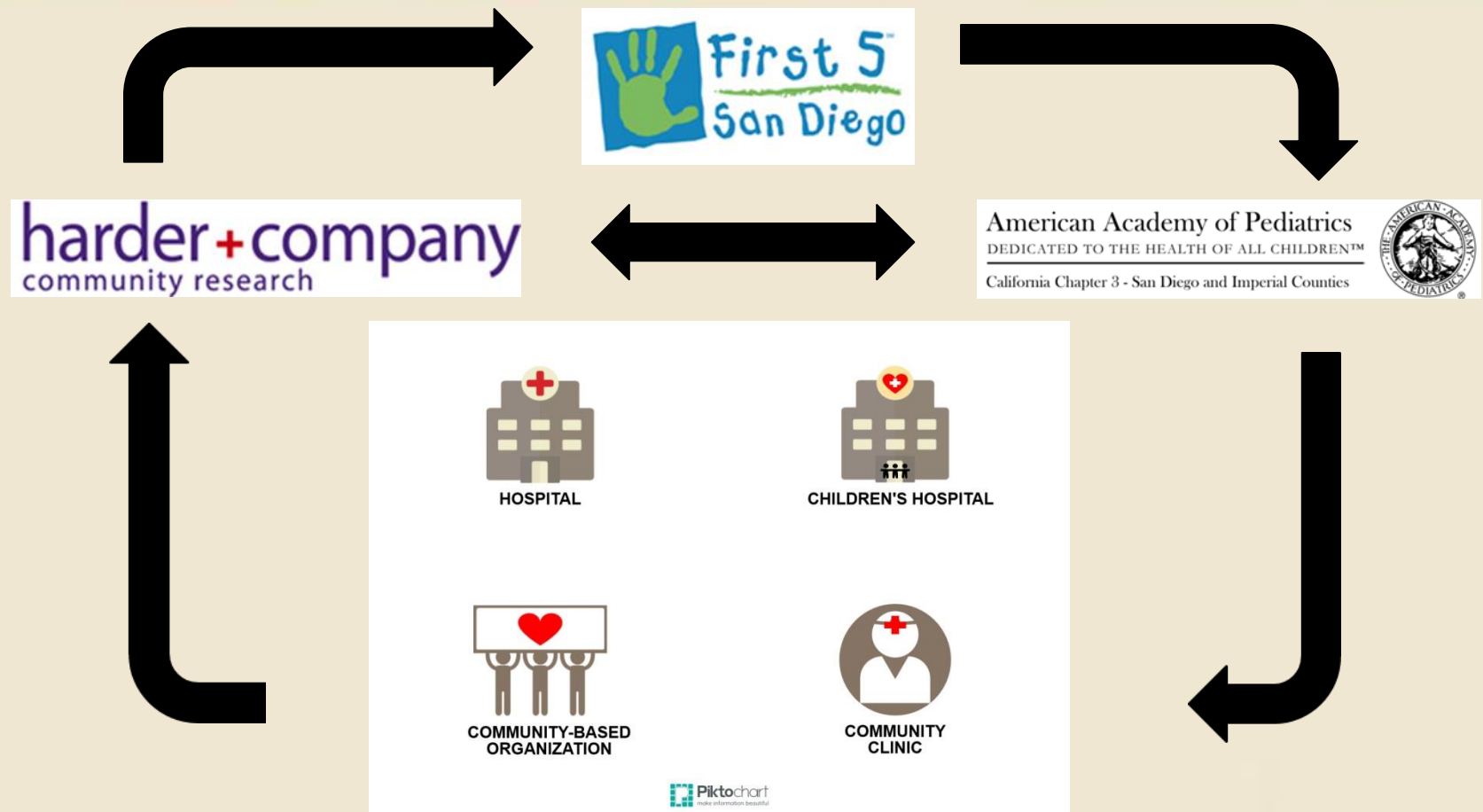


# HDS Services – Phase II

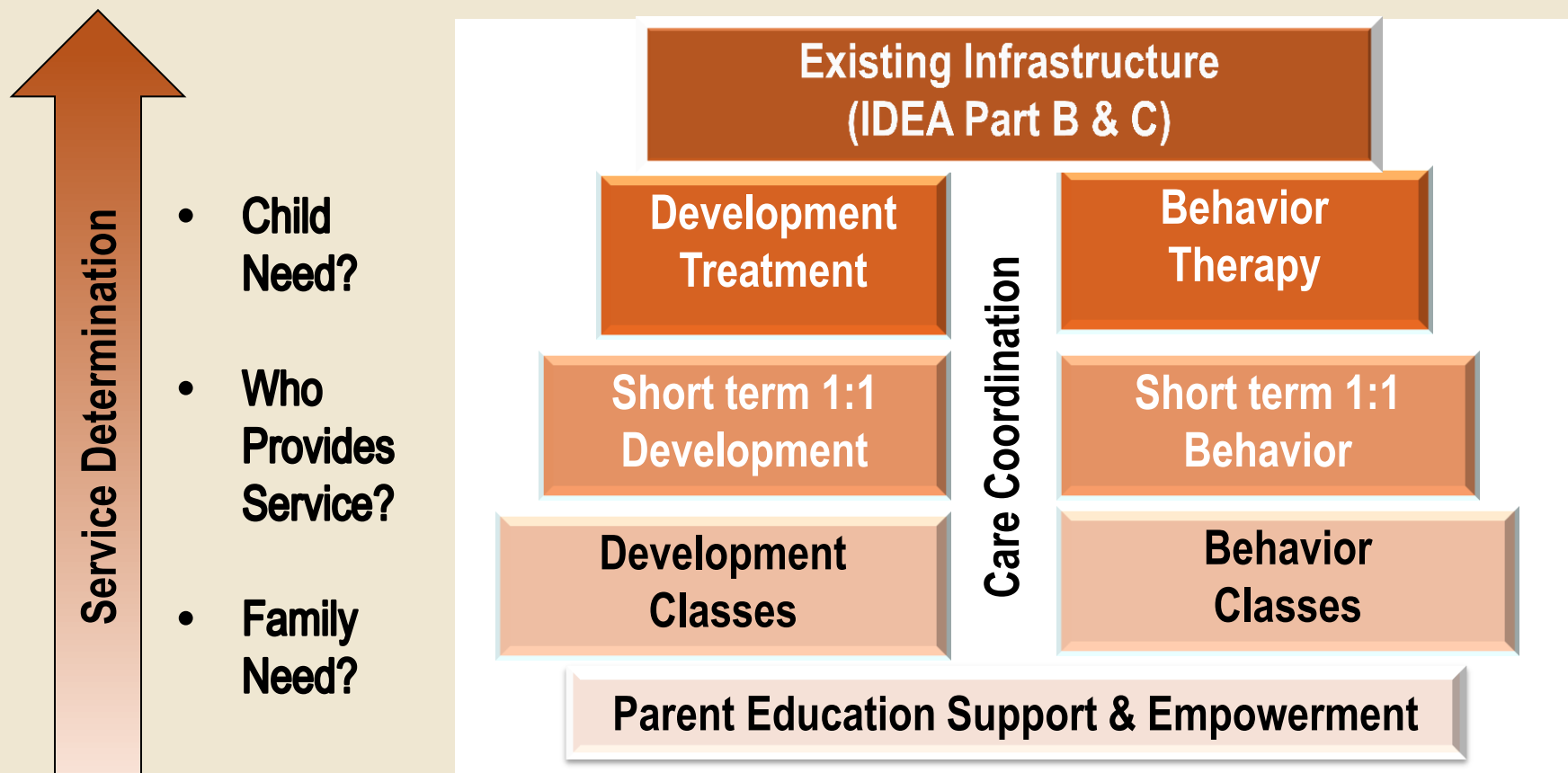


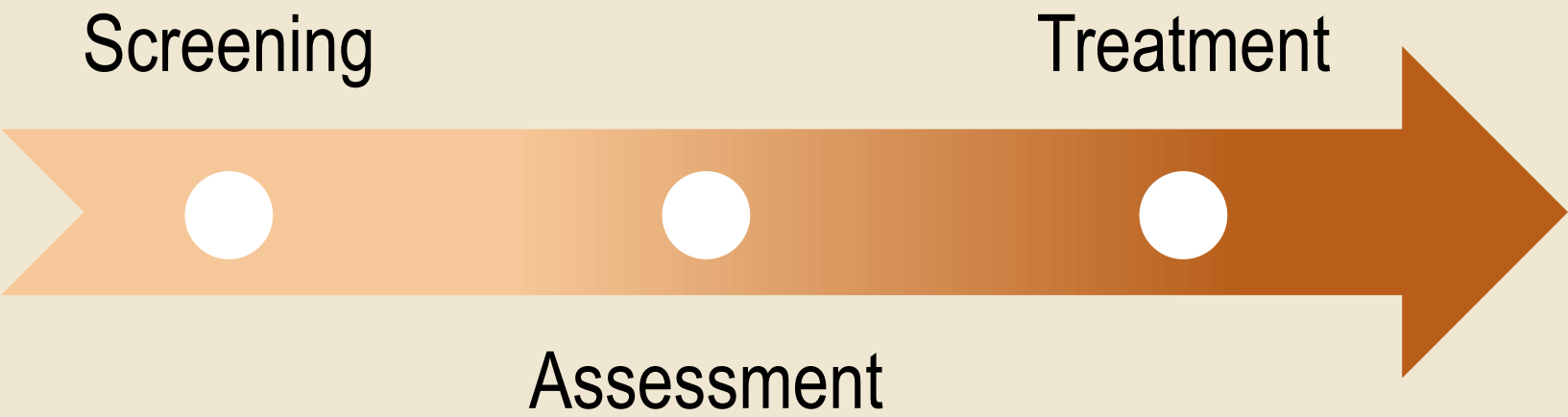


# HDS Today



# HDS – A Developmental and Behavioral System of Care





Screening

Treatment

Assessment

# Remember our 2:15 Appointment, Again





ASQ &  
ASQ:SE  
screening

Speech  
Consultations

Behavior  
Therapy

HELP  
assessment

Group speech  
classes

Behavior  
classes

# Table Discussion

- What would you want to know about her outcomes?
- How would you measure success?
- How significant is the impact on her life course?

# Impact

- HDS served 25,495 children and 14,563 parents in FY 2012-13
- The most common concerns seen in HDS are in the cognitive and communication domains
- 85.4% with developmental concerns and 93.3% with behavioral concerns made gains
- Many children show concerns due to lack of exposure (e.g., tummy time, self-help skills)
  - Improvement is shown after a brief intervention

# Beyond the Numbers

- Accomplishments in addition to our numbers
  - Focus on children with mild to moderate concerns
  - Strong Linkages within HDS and with partners
  - Community Wide Screening
    - Ages and Stages Questionnaire 3 (ASQ3)
    - Ages and Stages Social Emotional Questionnaire(ASQ-SE)
  - Hawaii Early Learning Profile (HELP)
  - Social Emotional Development emphasis throughout services
  - Framework for Early Childhood Mental Health



# Successes

- Countywide coordination
- System wide screening and assessment tools
- Integration of services
- Referrals to existing early intervention services for children with more severe concerns
- Acknowledging the role of parent/caregiver mental health and some successful pilot projects to address the need

# Large Group Sharing

- Is there a need for these services in your community?
- How compelled are you to take action?
- What would make it more compelling?

# What is Next?

- Continue to improve
- Keep funded
- Explore increased insurance coverage
- Build capacity
  - Providers for parents' mental health needs
  - Specific attention to parent-child interaction

# Thank You



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community research

American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™  
California Chapter 3 - San Diego and Imperial Counties

